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CONFIRMATION NO. 3390

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|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/564,815 | <b>FILING OR 371(c) DATE</b><br>02/14/2006<br><b>RULE</b> | <b>CLASS</b><br>700 | <b>GROUP ART UNIT</b><br>2125 | <b>ATTORNEY DOCKET NO.</b><br>126601 |
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/JP04/09956 07/13/2004 *S/S*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 JAPAN 2003-199391 07/18/2003 *S/S*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/01/2006**

|  |                                  |                                       |                           |                                |
|--|----------------------------------|---------------------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br><i>17/16</i> | <b>TOTAL CLAIMS</b><br>16 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                                       |                           |                                |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials  |                                  |                                       |                           |                                |

**ADDRESS**  
25944 *See Amendment filed 1/17/06 S/S*

**TITLE**  
Assisting work management apparatus for substrate work system and assisting work management program for substrate work system

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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